



Application form for Associate Membership and/or Training Program

PLEASE USE BLOCK CAPITALS THROUGHOUT

PART A- Personal information

Surname: Given name(s)

AHPRA Registration Number:

Practice name and address:

Preferred postal address (if different to Practice):

Preferred telephone number:..... Preferred fax number:

E-mail (Practice or home):

PART B – Application to become an Associate Member

I hereby apply to become an Associate Member of the Australasian Society of Breast Physicians and agree to abide by the College’s Constitution.

Signed: **Date:** / / 201

Please attach curriculum vitae. The application fee is \$175 AUD which covers the first year’s membership. The Annual Associate Membership fee is \$175 AUD or \$175 NZD, due on 30 June of each year. Payment may be paid by electronic transfer within Australia to:

Australasian Society of Breast Physicians BSB: 064001 Account: 10064948

Please ensure that you insert your name as the Reference or the payment can not be tracked. Alternatively, you may post a cheque to the address below. An invoice for all applicable fees will be issued on receipt of a completed application.

PART C – Application for the Training Program

I hereby apply to enter the Training Program of the Australasian Society of Breast Physicians.

Signed: **Date:** / / 201

Please attach:

1. a covering letter indicating your reason for wanting to train as a breast physician
2. a detailed curriculum vitae, including full details of previous positions held
3. the names of three professional referees
4. any other relevant supporting documentation

To be eligible to apply for the training program, a prospective candidate must also be accepted as an Associate Member of the College.

Please post, fax or scan/email this form to:

The Secretary, AUSTRALASIAN SOCIETY OF BREAST PHYSICIANS

P: 07 3872 2243 F: 07 3856 4727 ASBP, PO Box 123, RED HILL, Queensland 4059

E: info@breastphysicians.org W: www.breastphysicians.org